



Permit Application
Plumbing
 Zoning & Building Safety
 1504 Third Avenue, Rock Island, Illinois 61201
 Phone: (309) 558-3771 · Fax: (309) 786-4456

Section 1 PROJECT INFORMATION

1 FAMILY 2 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL

Project Address: _____

Owner Name: _____
Required only if Applicant is contractor or property agent

Owner Phone: _____

Description of Work Proposed: _____

FOR OFFICE USE ONLY	
Permit No	Permit Fee
	\$ _____
Building Official Authorization Signature:	
X _____	
Date of Authorization: _____	

Plumbing Permits for Rental, Commercial or any other non-owner occupied properties must be submitted by a Illinois Licensed and registered plumbing Contractor.

Section 2 VALUATION

Estimated Total Cost

\$ _____

Section 3 PLUMBING DETAILS

QTY	FIXTURE	QTY	FIXTURE	QTY	FIXTURE
	Water Heater		Water Closet		Urinals
	Area Drains		Bath Tubs		Shower Stalls
	Roof Drains		Floor Drains		Ice Makers
	Sinks		Fire Heads/Valves		Dishwashers
	Lavatory		Water Service		Water Tap
	Disposal Units		Water Conditioners		Grease Traps
	Water Piping		Auto Washers		R.P.Z. Valves
	Sewer Repairs		Gas Piping		Sewer Connections

Section 4 APPLICANT INFORMATION

ALL WORK MUST CONFORM TO THE CODES OF ROCK ISLAND COUNTY

I hereby certify that I have the authority to make the forgoing application, that the information given is correct, and that all construction will comply with the State of Illinois Plumbing Code, the International Codes and applicable ordinances of the County of Rock Island. I also understand that it is my responsibility to contact the Zoning & Building Safety Department for applicable Inspections when work is completed.

Applicant Name: _____

Applicant Address: _____

Applicant Phone : _____

As the Applicant for this permit I certify that I am the (must initial one) _____ Property Owner _____ Contractor _____ Authorized Agent for the address where above work is being conducted.

Applicant Signature: **X** _____ Date: _____